

CSU copy



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapusc District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SEA AND SKY HOTEL RESTAURANT

PO No. 17-205

Address: San Fernando City, La Union

Date: 12/1/2017

Tel.Fax No.:

Terms of Payment: Charge

Supplier Registered with: 006-170-965-000 V

Mode of Procurement: Negotiated P. - Lease of Privately-Owned Venue

Please deliver to this office within on December 8, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	28	pax	MEALS (AM & PM Snacks, Lunch) and use of function hall	460.00	12,880.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	575.00	
			EWV (1%/1.12)	115.00	690.00
			PR No. 17-1121-0554		
			PURPOSE: Conduct of HCI Forum/Updates on New PhilHealth Circulars in LHIO La Union	TOTAL	12,190.00

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
5. In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
6. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: <u>12,880.00</u>		APPROVED:
JOSE A. MONES Fiscal Controller	EDWARD Q. ESPIRITU OIC-FMS Head	<u>ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE</u> OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB: <u>12/1/17</u>	PHILHEALTH REGIONAL OFFICE I COA	
Expense Code: <u>00000000</u>	Received By: <u>006</u>	
Budget: <u>00000000</u>	Time: <u>006</u>	
Remarks:		
Conforme: <u>KIMBERLY ANNE S. FERNANDEZ</u> Date: <u>Dec 7, 2017</u>		Date
Signature over Printed Name and Position of Authorized Representative		

CEA on Travel
12/6 - 8/17